



General Assembly

Amendment

February Session, 2016

LCO No. 3847



Offered by:
SEN. CRISCO, 17th Dist.

To: Senate Bill No. 373

File No. 443

Cal. No. 298

"AN ACT LIMITING CHANGES TO HEALTH INSURERS' PRESCRIPTION DRUG FORMULARIES."

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. Section 38a-492f of the general statutes is repealed and
4 the following is substituted in lieu thereof (*Effective January 1, 2017*):

5 (a) [Each] Except as provided in subsection (b) of this section, no
6 individual health insurance policy providing coverage of the type
7 specified in subdivisions (1), (2), (4), (11), [and] (12) and (16) of section
8 38a-469 delivered, issued for delivery, renewed, amended or continued
9 in this state that provides coverage for outpatient prescription drugs
10 shall [not deny coverage for an insured for any drug that the insurer
11 removes from its list of covered drugs, or otherwise ceases to provide
12 coverage for, if (1) the insured was using the drug for the treatment of
13 a chronic illness prior to the removal or cessation of coverage, (2) the
14 insured was covered under the policy for the drug prior to the removal
15 or cessation of coverage, and (3) the insured's attending health care

16 provider states in writing, after the removal or cessation of coverage,
17 that the drug is medically necessary and lists the reasons why the drug
18 is more medically beneficial than the drugs on the list of covered
19 drugs. Such benefits shall be subject to the same terms and conditions
20 applicable to all other benefits under such policies] remove any
21 covered prescription drug from its list of covered drugs or reclassify or
22 place such drug in a higher cost-sharing tier for the duration of the
23 policy term.

24 (b) (1) A covered prescription drug may be removed at any time
25 from such health insurance policy's list of covered drugs if such
26 prescription drug is identified as no longer safe and effective by the
27 federal Food and Drug Administration.

28 (2) A covered brand name prescription drug may be placed in a
29 higher cost-sharing tier during a policy term if (A) such health
30 insurance policy includes two or more cost-sharing tiers for covered
31 prescription drugs, and (B) a generic name drug, designated as
32 therapeutically equivalent to such brand name prescription drug and
33 coded "AB" in the most recent edition or supplement of the federal
34 Food and Drug Administration's Approved Drug Products With
35 Therapeutic Equivalence Evaluations, is added to such health
36 insurance policy's list of covered drugs at the same time.

37 Sec. 2. Section 38a-518f of the general statutes is repealed and the
38 following is substituted in lieu thereof (*Effective January 1, 2017*):

39 (a) [Each] Except as provided in subsection (b) of this section, no
40 group health insurance policy providing coverage of the type specified
41 in subdivisions (1), (2), (4), (11), [and] (12) and (16) of section 38a-469
42 delivered, issued for delivery, renewed, amended or continued in this
43 state that provides coverage for outpatient prescription drugs [shall
44 not deny coverage for an insured for any drug that the insurer
45 removes from its list of covered drugs, or otherwise ceases to provide
46 coverage for, if (1) the insured was using the drug for the treatment of
47 a chronic illness prior to the removal or cessation of coverage, (2) the

48 insured was covered under the policy for the drug prior to the removal
 49 or cessation of coverage, and (3) the insured's attending health care
 50 provider states in writing, after the removal or cessation of coverage,
 51 that the drug is medically necessary and lists the reasons why the drug
 52 is more medically beneficial than the drugs on the list of covered
 53 drugs. Such benefits shall be subject to the same terms and conditions
 54 applicable to all other benefits under such policies] remove any
 55 covered prescription drug from its list of covered drugs or reclassify or
 56 place such drug in a higher cost-sharing tier for the duration of the
 57 policy term.

58 (b) (1) A covered prescription drug may be removed at any time
 59 from such health insurance policy's list of covered drugs if such
 60 prescription drug is identified as no longer safe and effective by the
 61 federal Food and Drug Administration.

62 (2) A covered brand name prescription drug may be placed in a
 63 higher cost-sharing tier during a policy term if (A) such health
 64 insurance policy includes two or more cost-sharing tiers for covered
 65 drugs, and (B) a generic name drug, designated as therapeutically
 66 equivalent to such brand name prescription drug and coded "AB" in
 67 the most recent edition or supplement of the federal Food and Drug
 68 Administration's Approved Drug Products With Therapeutic
 69 Equivalence Evaluations, is added to such health insurance policy's list
 70 of covered drugs at the same time."

This act shall take effect as follows and shall amend the following sections:

Section 1	January 1, 2017	38a-492f
Sec. 2	January 1, 2017	38a-518f